

16 DEC 13 AM 9:49

**Instructions:** Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

Name of Traveler: Jordan Bartolomeo

Employing Office/Committee: Isakson


Travel Expenses Paid by (List all sources): GACH

Travel Date(s): October 12-14, 2016

Description/Title of Attached Forms: RE-1 Form; PSTCF (complete copy); Itinerary (final)

Purpose of Amendment (describe the reason for amending original submission): Post-travel submission is incomplete. Required copy of the RE-1 Form, complete copy of the PSTCF, and the final version of the itinerary were not submitted to the Office of Public Records.

12/13/14  
(Date)

  
(Signature of Traveler)

**SECRET**

## EMPLOYEE PRE-TRAVEL AUTHORIZATION

Date/Time Stamp:

**Pre-Travel Filing Instructions:** Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at [ethics.senate.gov](http://ethics.senate.gov). Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

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Name of Traveler: Jordan Bartolomeo

Employing Office/Committee: Isakson

Private Sponsor(s) (list all): Georgia Alliance of Community Hospitals

Travel date(s): October 12-14,

*Note: If you plan to extend the trip for any reason you must notify the Committee.*

Destination(s): Greensboro, Georgia

Explain how this trip is specifically connected to the traveler's official or representational duties:

This conference will examine healthcare issues in Georgia facing community hospitals. Jordan is my primary healthcare staffer its important for her to hear directly from my constituents about how we can help them in Washington.

Name of accompanying family member (if any): N/A

Relationship to Employee: ☐ Spouse ☐ Child

I certify that the information contained in this form is true, complete and correct to the best of my knowledge:

9/9/16  
(Date)

  
(Signature of Employee)

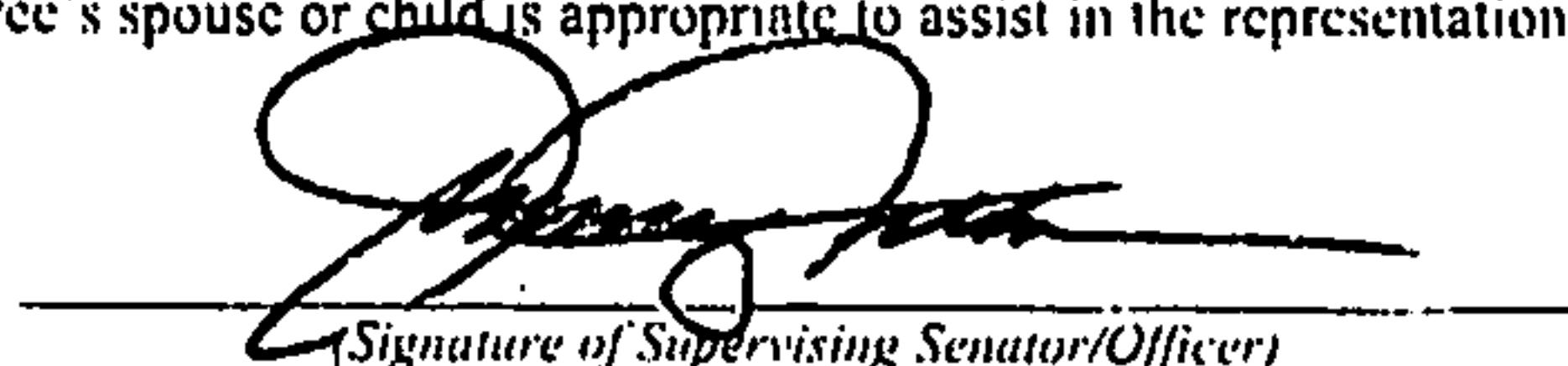
TO BE COMPLETED BY SUPERVISING SENATOR/OFFICER (President of the Senate, Secretary of the Senate, Sergeant at Arms, Secretary for the Majority, Secretary for the Minority, and Chaplain):

I, Isakson hereby authorize Jordan Bartolomeo  
(Print Senator's/Officer's Name) (Print Traveler's Name)

an employee under my direct supervision, to accept payment or reimbursement for necessary transportation, lodging, and related expenses for travel to the event described above. I have determined that this travel is in connection with his or her duties as a Senate employee or an officeholder, and will not create the appearance that he or she is using public office for private gain.

I have also determined that the attendance of the employee's spouse or child is appropriate to assist in the representation of the Senate. (signify "yes" by checking box) ☐

9/9/16  
(Date)

  
(Signature of Supervising Senator/Officer)

**SECRET**

## PRIVATE SPONSOR TRAVEL CERTIFICATION FORM

This form must be completed by any private entity offering to provide travel or reimbursement for travel to Senate Members, officers, or employees (Senate Rule 35, clause 2). Each sponsor of a fact-finding trip must sign the completed form. The trip sponsor(s) must provide a copy of the completed form to each invited Senate traveler, who will then forward it to the Ethics Committee with any other required materials. The trip sponsor(s) should **NOT** submit the form directly to the Ethics Committee. Please consult the accompanying instructions for more detailed definitions and other key information.

The Senate Member, officer, or employee **MUST** also provide a copy of this form, along with the appropriate travel authorization and reimbursement form, to the Office of Public Records (OPR), Room 232 of the Hart Building, within thirty (30) days after the travel is completed.

1. Sponsor(s) of the trip (please list all sponsors): The Georgia Alliance of Community Hospitals (GACH)
2. Description of the trip: Georgia Alliance 33rd Annual Meeting
3. Dates of travel: October 12 – 14, 2016
4. Place of travel: Ritz Carlton Lake Oconee Greensboro GA
5. Name and title of Senate invitees: John Eunice, General Counsel, and Jordan Bartolomeo, Health LA
6. I *certify* that the trip fits one of the following categories:
  - ☒ (A) The sponsor(s) are not registered lobbyists or agents of a foreign principal and do not retain or employ registered lobbyists or agents of a foreign principal and no lobbyist or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.
  - OR –
  - ☐ (B) The sponsor or sponsors are not registered lobbyists or agents of a foreign principal, but retain or employ one or more registered lobbyists or agents of a foreign principal and the trip meets the requirements of Senate Rule 35.2(a)(2)(A)(i) or (ii) (*see question 9*).
7. ☒ I *certify* that the trip will not be financed in any part by a registered lobbyist or agent of a foreign principal.
  - AND –
  - ☒ I *certify* that the sponsor or sponsors will not accept funds or in-kind contributions earmarked directly or indirectly for the purpose of financing this specific trip from a registered lobbyist or agent of a foreign principal or from a private entity that retains or employs one or more registered lobbyists or agents of a foreign principal.
8. I *certify* that:
  - ☒ The trip will not in any part be planned, organized, requested, or arranged by a registered lobbyist or agent of a foreign principal except for *de minimis* lobbyist involvement.
  - AND –
  - ☒ The traveler will not be accompanied on the trip by a registered lobbyist or agent of a foreign principal except as provided for by Committee regulations relating to lobbyist accompaniment (*see question 9*).

9. **USE ONLY IF YOU CHECKED QUESTION 6(B)**

I *certify* that if the sponsor or sponsors retain or employ one or more registered lobbyists or agents of a foreign principal, one of the following scenarios applies:

☐ (A) The trip is for attendance or participation in a one-day event (exclusive of travel time and one overnight stay) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip.

- OR -

☐ (B) The trip is for attendance or participation in a one-day event (exclusive of travel time and two overnight stays) and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *on any segment* of the trip (*see questions 6 and 10*).

- OR -

☐ (C) The trip is being sponsored only by an organization or organizations designated under § 501(c)(3) of the Internal Revenue Code of 1986 and no registered lobbyists or agents of a foreign principal will accompany the Member, officer, or employee *at any point* throughout the trip.

10. **USE ONLY IF YOU CHECKED QUESTION 9(B)**

If the trip includes two overnight stays, please explain why the second night is practically required for Senate invitees to participate in the travel:

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11. ☒ An itinerary for the trip is attached to this form. I *certify* that the attached itinerary is a detailed (hour-by-hour), complete, and final itinerary for the trip.

12. Briefly describe the role of each sponsor in organizing and conducting the trip:

The Alliance is the sole sponsor and planner for this event and conducted all aspects and details of this trip.

13. Briefly describe the stated mission of each sponsor and how the purpose of the trip relates to that mission:

see attached

14. Briefly describe each sponsor's prior history of sponsoring congressional trips:

The Alliance has not previously sponsored congressional trips.

15. Briefly describe the educational activities performed by each sponsor (other than sponsoring congressional trips):

The Alliance provides opportunities throughout the year for member hospitals and vendors to network and share best practices and the latest trends in healthcare. We offer educational opportunities to discuss the future and economic impact any changes may have on the healthcare delivery system in Georgia.

**16. Total Expenses for Each Participant:**

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses
<input checked="" type="checkbox"/> Good Faith estimate  <input type="checkbox"/> Actual Amounts		\$120 per night	\$150 total	

17. State whether a) the trip involves an event that is arranged or organized *without regard* to congressional participation or b) the trip involves an event that is arranged or organized *specifically with regard* to congressional participation:

**The trip involves an event that is arranged or organized without regard to congressional participation.**

**18. Reason for selecting the location of the event or trip**

This location has been the site of this conference since 2010 and is reasonably located for the statewide membership of GACH. This location was voted on by our Board of Directors.

19. Name and location of hotel or other lodging facility:

**The Ritz Carlton Reynolds Lake Oconee -- One Lake Oconee Trail Greensboro, GA 30643**

20. Reason(s) for selecting hotel or other lodging facility:

**This hotel is centrally located for our members and has the size and conference facilities necessary**  
**for this event.**

21. Describe how the daily expenses for lodging, meals, and other expenses provided to trip participants compares to the maximum per diem rates for official Federal Government travel:

**see attached**

22. Describe the type and class of transportation being provided. Indicate whether coach, business-class or first class transportation will be provided. If first-class fare is being provided, please explain why first-class travel is necessary:

**Transportation is not being provided by the Alliance.**

23. ☒ I represent that the travel expenses that will be paid for or reimbursed to Senate invitees do not include expenditures for recreational activities, alcohol, or entertainment (other than entertainment provided to all attendees as an integral part of the event, as permissible under Senate Rule 35).

24. List any entertainment that will be provided to, paid for, or reimbursed to Senate invitees and explain why the entertainment is an integral part of the event:

none

25. I hereby *certify* that the information contained herein is true, complete and correct. (You must include the completed signature block below for each travel sponsor.):

**Signature of Travel Sponsor:**

**Name and Title:** Kim Mize Senior VP Business Development/Event Planning

**Name of Organization:** The Georgia Alliance of Community Hospitals

Address: P O Box 1572 Tifton GA 31794

Telephone Number: 931-561-5176

**Fax Number: 229-386-8662**

E-mail Address: [kmize@gach.org](mailto:kmize@gach.org)



### CONGRESSIONAL STAFF (\*CS) AGENDA



## Wednesday

## Thursday

## Friday

### Attire Business Casual

**\*denotes congressional staff attending**